

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
OBJECTION TO APPLICATION TO BE RELIEVED AS COUNSEL UPON COMPLETION OF LIMITED SCOPE REPRESENTATION	
Hearing Date: _____ Time: _____ Dept.: _____ Room: _____	

1. I am the ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent/claimant in this case.
2. I do not believe that all the services that my attorney agreed to do for me are completed.
3. I request that the court not allow my attorney to withdraw from representation until those services have been completed.
The services that were agreed upon that remain to be completed are (specify):

The reason that I think these tasks are supposed to be completed is (specify):

NOTICE

If you object to your attorney's *Application to Be Relieved as Counsel Upon Completion of Limited Scope Representation* (form FL-955), you must file this notice with the clerk of the court where the *Application* was filed within 20 days of the day that the form was put in the mail to you. If you were personally served, you have to file this form 15 days from the day you were served. That date is on the proof of service on the third page of the *Application* (form FL-955). You must have the attorney and the other party served with this *Objection* form (FL-956) as well. A blank proof of service is on the back of this form.

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct.

Date: _____



(SIGNATURE)

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT/CLAIMANT:	

PROOF OF SERVICE BY ☐ PERSONAL SERVICE ☐ MAIL

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**
2. I served a copy of the completed *Objection to Application to Be Relieved as Counsel Upon Completion of Limited Scope Representation* as follows (check either a. or b. below):
 - a. ☐ **Personal service.** I personally delivered the forms and any attachments as follows:
 - (1) Name of person served:
 - (2) Address where served:
 - (3) Date served:
 - (4) Time served:
 - b. ☐ **Mail.** I deposited the forms and any attachments in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed and mailed as follows:
 - (1) Name of person served:
 - (2) Address:
 - (3) Date of mailing:
 - (4) Place of mailing (*city and state*):
 - (5) I am a resident of or employed in the county where the forms were mailed.
 - c. My residence or business address is (*specify*):
 - d. My phone number is (*specify*):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> (TYPE OR PRINT NAME)		<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> (SIGNATURE OF PERSON SERVING NOTICE)
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